

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/980266

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	4		1			
TOTAL DEP.	18		15			
TOTAL CLAIMS	22		16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
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96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	15					
TOTAL CLAIMS	19					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS